

CITY OF SAN DIEGO
COMMISSION FOR ARTS AND CULTURE

FY 2005 ORGANIZATIONAL SUPPORT PROGRAM
REQUEST FOR PAYMENT

ORGANIZATION: _____

REQUEST PERIOD: (MONTH/DAY/YEAR) _____ / _____ / _____ through _____ / _____ / _____

PERSON COMPLETING FORM/TITLE: _____

TELEPHONE: _____ FAX: _____

EXPENSE CLASSIFICATION	FY 2005 TOT ALLOCATION	PAYMENTS TO DATE	TOTAL ORGANIZATION EXPENSES <u>FOR THIS</u> <u>PERIOD</u>	PAYMENT REQUEST <u>FOR THIS PERIOD</u>
PERSONNEL: Wages and Benefits				
Artistic (A)				
Administrative (AD)				
Education (E)				
Technical Production (TP)				
Other (OP) _____				
PERSONNEL SUBTOTAL				
OPERATING: Non-Personnel				
Facility/Space (inc. rentals) (FS)				
Education (EE)				
Marketing (M)				
Production/Exhibition (PE)				
Fundraising (FR)				
Other (OO) _____				
OPERATING SUBTOTAL				
GRAND TOTAL				

OVER

AUTHORIZATION

On behalf of the above named organization, I request the above payment amount.

Signature Date

Print Name Title Telephone No.

Approved: _____ Date: _____

VICTORIA L. HAMILTON, Executive Director, City of San Diego Commission for Arts and Culture

REQUEST FOR PAYMENT BUDGET DETAILS

Please provide details on expenditures in the lined spaces below. Use code letters to classify expenditures. The Classification Code Letters correspond to those used on the reverse side of this form, as well as those used on the Budget Summary (Exhibit A) in your Agreement. If you need additional space to record check and vendor information please attach a second page. Complete and return this form. **RETAIN A PHOTOCOPY FOR YOUR RECORDS**

EXPENSE CLASSIFICATION CODE LETTERS**PERSONNEL - WAGES & BENEFITS**

A Artistic
AD Administrative
E Education
TP Technical Production
OP Other (Personnel)

OPERATING – NON-PERSONNEL

FS Facility/Rentals
EE Education
M Marketing
PE Production Exhibition
FR Fundraising Expenses
OO Other (Operating)

CHECK NUMBER	DATE	VENDOR Only submit information on checks for which you are seeking reimbursement.	AMOUNT	CODE LETTER

MATCHING INCOME INFORMATION: Please complete the following

You are required to match your City TOT funding 3:1.

1. Total matching dollars required for this contract year: _____
2. Total matching dollars received to date: _____
3. Matching dollars required for this request period: _____
4. Please indicate sources and amounts of matching income you have received for this request period:

<u>Date</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____